MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032387 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 4684

FILED SEP 13 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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2 3188 2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in b: 7 1/2 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CONLEY MAT. HOSP. Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3008 E 12

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Jackson
c. CITY OR TOWN: K.C. Mo Inside Limits Yes ☐ No ☐
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First CAROLYNN Middle Last NORTON

4. DATE OF DEATH: Month AUG. Day 22 Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE CAU

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: AUG. 22 '63

9. AGE (last birthday)

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 7 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country): KANSAS CITY Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: LYNN NORTON

13b. MOTHER'S MAIDEN NAME: CAROL SUE Brookshire

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of

16. SOCIAL SECURITY NO.

17. INFORMANT: Lynn Norton Address 3008 E 12 KC Mo

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Generalized Apraxia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Respiratory Arrest, Cardiac Arrest	
DUE TO (c)	Prematurity – Immat. 2# 12oz	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 22 1963 4:40 am to Aug 22 1963 12:20 am and last saw her him alive on Aug. 22 1963

Death occurred at 12:10 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert J. Wolter DO

22b. ADDRESS Kansas City Mo

22c. DATE SIGNED Aug 23 63 (Date)

Robert K. Wolter

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-25-63

23c. NAME OF CEMETERY OR CREMATORY Rinfong

23d. LOCATION (City, town, or county) Browning Mo

24. FUNERAL DIRECTOR ADDRESS Wade Funeral Home Browning Mo

25. DATE RECD. BY LOCAL REG. 8-23-63

26. REGISTRAR'S SIGNATURE Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gerald I Wade

Signature of Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Browning

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.